**FEC** 

## **STATEMENT OF**

FORM 1	ORGAN	NIZATION			
	(See in:	structions)		С	Office use only
NAME OF COMMITTEE (in f	(Check if na is changed)	me Exampl over the	e: If typying, type	12FE4M5	
Ohio Republic	an Party State Central & Ex	recutive Commi	ttee		
ADDRESS (number and s	211 S. Fifth Str	eet			
(Check if addre		11111		1111	
is changed)	Columbus	1 1 1 1 1		ОН	43215   -
		CITY▲		STATE	ZIP CODE ▲
committee's e-mai					,
	<del>~</del>				
سسسط					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
سيبينا					
COMMITTEE'S FAX N 6142281093	UMBER				
2. DATE <b>M</b> M M <b>1 0</b>	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	]			
3. FEC IDENTIFICA	TION NUMBER	C C0016	2339		
4. IS THIS STATEM	ENT NEW (N)	OR X	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of	my knowledge and b	elief it is true, correct and	d complete	
Type or Print Name of	Treasurer MS SARAH	IBROWN			
Signature of Treasurer	Electronically Filed by MS	SARAH BROWN		Date 04	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete informa			·	s of 2 U.S.C. S437g.
	ANY CHANGE IN INF	ORMATION SHOU	LD BE REPORTED V	VITHIN 10 DAYS	
Office Use Only		Fe	or further information c deral Election Commiss of the Book of the		FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	or party
6.	Name of Any Connected Organization or Affiliated Committee	
l	OHIO SIXTH DISTRICT VICTORY COMMITTEE	<b></b>
1		
	Mailing Address 228 S. WASHINGTON STREET	
	SUITE 115	<b>.</b>
	L ALEXANDRIA L 2231	4
	CITY▲ STATE▲ ZII	P CODE A
	Relationship JOINT CMT REP	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	X Membership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02 rite or Type Committee Name			Page 3
	State Central & Executive Committee		
	entify by name, address, (phone number	optional), and position of the	ne person in
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
		Telephone number	
Treasurer: List the name	and address (phone number optional) of	the treasurer of the comm	ittee; and the
name and address of any Full Name	and address (phone number optional) of designated agent (e.g., assistant treasurer  RAH BROWN  1200 FERNWOOD	the treasurer of the comm).	ittee; and the
rame and address of any  Full Name of Treasurer  MS SA	designated agent (e.g., assistant treasurer	the treasurer of the comm).	ittee; and the  44601
rame and address of any  Full Name of Treasurer  MS SA	designated agent (e.g., assistant treasurer  RAH BROWN  1200 FERNWOOD	).	
rame and address of any  Full Name of Treasurer  Mailing Address	RAH BROWN  1200 FERNWOOD  ALLIANCE  CITY	OH	44601
rame and address of any  Full Name of Treasurer  Mailing Address	RAH BROWN  1200 FERNWOOD  ALLIANCE  CITY		44601
name and address of any  Full Name of Treasurer  Mailing Address  Title or Position   Full Name of Designated	RAH BROWN  1200 FERNWOOD  ALLIANCE  CITY		44601
name and address of any  Full Name of Treasurer  Mailing Address  Title or Position ▼  Full Name of Designated Agent	RAH BROWN  1200 FERNWOOD  ALLIANCE  CITY		44601

Telephone number

	FEC Form 1 (Revised	02/2003)	Page 4
9.	Banks or Other Depositoric safety deposit boxes or maint Name of Bank, Depository, et	tains funds.	iccounts, rents
	BB&1		
	Mailing Address	1909 K STREET NW	
		WASHINGTON     DC    .	. 20006   _
		CITY △ STATE △	ZIP CODE 🛆

Х

Membership Organization

FEC Form 1 (Revised	d 1/2001)	Page <b>5</b> / <b>8</b>	_
Banks or Other Depositori safety deposit boxes or main			_
Name of Bank, Depository, 6	etc.	[ ADDITIONAL ]	
			_
Mailing Address			
	CITY 🛆	STATE  ZIP CODE	
Name of Any Connected	Organization or Affiliated Committee	[ ADDITIONAL ]	
PRYCE OHIO VICTOR	Y COMMITTEE		ĺ
, , , , , , , , , , , , , , , , , , ,	195111111111111111111111111111111111111		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA 22314 _	
	CITY▲	STATE ▲ ZIP CODE ▲	
Relationship JOIN	IT CMT REP		
Type of Connected Organiz	zation:		
Corporation	Corporation w/o Capital Stock	Labor Organization	

Trade Association

Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name LILILI  Mailing Address L		
Title or Position ♥	CITY A	
		elephone number

Х

Membership Organization

FEC Form 1 (	Revised 1/2001)		Page <b>7</b> / <b>8</b>
Banks or Other Dep safety deposit boxes	or maintains funds.	deposits funds, hol	ds accounts, rents
Name of Bank, Depo	sitory, etc.		[ ADDITIONAL ]
Mailing Address			
	CITY 🛆	STATE 🛆	ZIP CODE 🛆
Name of Any Conn	ected Organization or Affiliated Committee		[ ADDITIONAL ]
OHIO 13 CONGR	ESSIONAL VICTORY COMMITTEE 2006		-
	L 200 C WASHINGTON ST STE 115		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314   _
	CITY	STATE A	ZIP CODE
Relationship	JOINT CMT REP		
Type of Connected (	Organization:		
Corporation	Corporation w/o Capital Stock	Labor O	rganization

Trade Association

Cooperative

Designated Agent		1	ADDITIONAL ]
Full Name LILILI  Mailing Address			
-			
Title or Position ♥	<b>CITY A</b> Te	STATE A	ZIP CODE <b>A</b>